

EXHIBIT D

Page 1

1 UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF NEW JERSEY
3 CAMDEN VICINAGE

4 - - -

5 IN RE: VALSARTAN, LOSARTAN,: Honorable Renée
6 AND IRBESARTAN PRODUCTS : Marie Bumb
7 LIABILITY LITIGATION : District Court
8 : Judge
9 THIS DOCUMENT RELATES TO :
10 Gaston Roberts, et al. v. :
11 Zhejiang Huahai :
12 Pharmaceutical Co., et al. :
13 Case No. 1:20-cv-00946- :
14 RMB-SAK :
15 - - -

16 MAY 16, 2025
17 - - -

18 Remote Videotape Deposition,
19 taken via Zoom, of LEWIS A. CHODOSH,
20 Ph.D., commencing at 8:33 a.m., on the
21 above date, before Amanda
22 Maslynsky-Miller, Certified Realtime
23 Reporter and Court Reporter in and for
24 the State of New Jersey.

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<p>1 APPEARANCES: 2 3 4 NIGH GOLDENBERG RASO & VAUGHN, PLLC BY: DANIEL NIGH, ESQUIRE 1333 College Parkway #1049 Gulf Breeze, Florida 32563 (850) 600-8090 dnigh@nighgoldenberg.com 7 - and - 8 BY: BRETT VAUGHN, ESQUIRE 12022 Blue Valley Pkwy Suite #1020 10 Overland Park, Kansas 66213 (913) 800-8518 11 bvaughn@nighgoldenberg.com 12 - and - 13 BY: KATHRYN L. AVILA, ESQUIRE 14 Ridge Square NW 14 Third Floor Washington, D.C. 20016 15 (202) 792-7927 kavila@nighgoldenberg.com 16 Representing the Plaintiffs 17 18 19 20 21 22 23 24</p>	<p>Page 2 1 APPEARANCES: (Continued) 2 3 PIETRAGALLO GORDON ALFANO BOSICK & RASPANTI, LLP 4 BY: FRANK H. STOY, IV, ESQUIRE One Oxford Centre 5 301 Grant Street 38th Floor 6 Pittsburgh, Pennsylvania 15219 (412) 263-2000 7 fhs@pietragallo.com Representing Mylan, N.V. 8 9 10 11 ALSO PRESENT: Phillip Todd, Videographer 12 - - - 13 14 15 16 17 18 19 20 21 22 23 24</p>
<p>1 APPEARANCES: (Continued) 2 3 4 KIRKLAND & ELLIS LLP BY: ASHER TRANGLE, ESQUIRE 601 Lexington Avenue 5 New York, New York 10022 (212) 446-4800 6 asher.trangle@kirkland.com 7 - and - 8 BY: NINA R. ROSE, ESQUIRE 1301 Pennsylvania Avenue, N.W. 9 Washington, D.C. 20004 (202) 389-5000 10 nina.rose@kirkland.com Representing the Defendant, 11 Zhejiang Huahai Pharmaceutical Co., Ltd. 12 13 14 15 GREENBERG TRAURIG LLP BY: VICTORIA DAVIS LOCKARD, ESQUIRE Terminus 200 16 3333 Piedmont Road NE Suite 2500 17 Atlanta, Georgia 30305 (678) 553-2100 18 lockardv@gtlaw.com Representing the Defendants, 19 Teva Pharmaceuticals Industries, Ltd. 20 21 22 23 24</p>	<p>Page 3 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p> <p>Page 5 1 - - - 2 I N D E X 3 - - - 4 5 6 By Attorney Nigh 8, 238 By Attorney Trangle 233 7 8 9 - - - 10 E X H I B I T S 11 - - - 12 13 NO. DESCRIPTION PAGE 14 15 16 17 18 19 20 21 22 23 24 No exhibits were marked.</p>

2 (Pages 2 - 5)

<p>1 ATTORNEY TRANGLE: 2 Objection. Asked and answered. 3 ATTORNEY NIGH: I didn't get 4 an answer. 5 THE WITNESS: So you're 6 asking me with respect to this -- 7 with this case? 8 BY ATTORNEY NIGH: 9 Q. Yes. 10 A. I did not perform a 11 calculation of tumor volume doubling 12 time, nor would that have been helpful to 13 me in this case. 14 And that's, in my 15 experience, not how tumor volume doubling 16 times are used. 17 Q. Why would that not have been 18 helpful for you in this case? 19 A. Because tumor volume 20 doubling times are generally used 21 across -- well, in the clinical 22 setting -- clinical research setting or 23 human studies setting, tumor volume 24 doubling time studies are generally</p>	Page 86	<p>1 ATTORNEY TRANGLE: 2 Objection. Form. 3 THE WITNESS: Because it 4 would not serve a purpose. 5 BY ATTORNEY NIGH: 6 Q. Why wouldn't it serve a 7 purpose? 8 A. I -- I cannot think of a 9 clinically relevant reason for a patient 10 to be able to tell them, oh, this is what 11 we think your tumor volume doubling time 12 has been. 13 It's a research metric, it's 14 not a clinical metric, at least for the 15 types of solid tumors that I am thinking 16 of right now. 17 Q. Doctor, there are varying 18 degrees of aggressiveness of HCC tumor 19 growth, correct? 20 A. You would -- I would need 21 you to clarify what it is you mean about 22 aggressive. 23 What do you mean by that 24 word? That's a very general word.</p>	Page 88
<p>1 studies of multiple individuals with a 2 particular type of cancer at a particular 3 stage that's consistent in attempting to 4 arrive at some kind of estimates, across 5 that population, of what tumor volume 6 doubling time might be. 7 Whereas it's not 8 typically -- not typically something 9 that's done on an individual patient 10 basis. And very commonly it's because 11 there aren't sufficient data to do that 12 in the great majority of oncology cases. 13 Again, nor would it be 14 helpful. 15 Q. You mentioned that tumor 16 volume doubling time studies are 17 generally studies of multiple individuals 18 with a particular type of cancer at a 19 particular stage that's consistent, and 20 attempting to arrive at some kind of 21 estimates across that population of what 22 tumor volume doubling time might be. 23 Why can that not be useful 24 in applying to an individual?</p>	Page 87	<p>1 Q. Doctor, when referring to 2 tumor volume doubling time, have you seen 3 the terminology of aggressiveness? 4 ATTORNEY TRANGLE: 5 Objection. Form. 6 THE WITNESS: So this is -- 7 so this is an area, both as a 8 physician, as a cancer researcher, 9 we've certainly thought a lot 10 about it. 11 So the word "aggressive," 12 particularly as it's used by -- 13 well, oncologists, physicians, 14 it's a little bit like 15 progression, in that it can mean 16 all sorts of things to different 17 people. 18 And the notion that it is -- 19 that a tumor is either -- it would 20 always have to be with respect to 21 an actual measurable metric. So 22 there's no assay that measures 23 aggressiveness. There's no 24 quantifiable nature of -- of</p>	Page 89

<p>1 aggressiveness, just like there 2 isn't of progression. 3 It's, well, what -- what 4 element of tumor biology is it 5 that you're referring to? And 6 then we can talk about what that 7 scale is. 8 But aggressiveness, per se, 9 is not a -- while oncologists may 10 use that term in certain settings, 11 that's not a -- very difficult to 12 have a meaningful discussion about 13 what that means from a cancer 14 biology perspective, which is, I 15 believe, what you're asking me. 16 BY ATTORNEY NIGH: 17 Q. Tumor volume growth 18 aggressiveness; is that a better term? 19 A. Unfortunately -- 20 unfortunately not. I've never -- I've 21 never heard that term. This is a -- this 22 is a first. 23 Q. Have you heard of the term 24 that there's a range of tumor volume</p>	Page 90	<p>1 individuals and some tumors -- that same 2 type of tumor can grow slower in some 3 individuals? 4 A. So I understand that -- that 5 sounds like a simple question. 6 So the accurate answer that 7 I can give you, which is still a 8 simplification, is, cancer growth rates 9 are a function of time. They are not -- 10 even in a patient, they are not 11 necessarily constant, and almost 12 certainly are not constant. So it's a 13 function of time. 14 And cancer -- even the 15 notion of cancer type is fundamentally 16 dependent on our ability to classify and 17 subclassify cancers, because at some 18 level every cancer is different based on 19 the mutations that are present and a 20 number of host features. 21 If what you're asking is, if 22 you made a point measurement in time for, 23 let's say, the percentage of Ki67 24 positive tumor cells in a tumor at a</p>	Page 92
<p>1 aggressiveness; the more aggressive the 2 tumor, the quicker it doubles in volume 3 compared to a less aggressive tumor 4 growth? 5 A. Are -- if what you're asking 6 me is, have I ever heard one of the 7 oncologists that I work with or cancer 8 biologists say, tumor volume doubling 9 aggressiveness, no, I never have. 10 I have no recollection of 11 ever hearing a phrase like that. And 12 it's a -- it's not a phrase that has 13 meaning for me. 14 If you want to talk about 15 specific characteristics of tumors, 16 I'm -- I'm happy to do that. But I 17 don't -- I don't know what somebody -- 18 I've never heard somebody use that phrase 19 nor would I know, if they used it, what 20 they meant by that. And I would ask them 21 for clarification, just in the same way 22 I'm asking you for clarification. 23 Q. Doctor, do you believe that 24 some tumors grow quicker in some</p>	Page 91	<p>1 particular point in time as a measure of 2 proliferation rate; if what you're asking 3 me is, might it be the case that two 4 different patients, each of which have a 5 pathological diagnosis of hepatocellular 6 carcinoma, is it possible that the 7 percentage of Ki67 positive cells would 8 be different in those two point 9 estimates, yes, that's -- that's entirely 10 possible. 11 That would be a gradation. 12 It doesn't -- it doesn't necessarily tell 13 me what happens a week after that or what 14 was happening a week before that. It 15 doesn't tell me about cell death. 16 There's lots of things it doesn't tell 17 me. 18 So of course there's 19 biological variability across populations 20 and across tumors. 21 Q. Doctor, did you do any 22 research for this case as to the varying 23 factors that would cause a hepatocellular 24 carcinoma to grow more quickly or more</p>	Page 93